COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

		TYPE OF DECLARATION
This	declaration	on is of the following type: (check one applicable item below)
	[] [x] [] [] []	original design national stage of PCT supplemental divisional continuation continuation-in-part (C-I-P)
		INVENTORSHIP IDENTIFICATION
WARN	VING:	If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownersh of all the claims at the time the last claimed invention was made, should be submitted.
the or (if plu	riginal, fir	post office address and citizenship are as stated below, next to my name. I believe that I are that sole inventor (if only one name is listed below) or an original, first and joint inventes are listed below) of the subject matter that is claimed, and for which a patent is sought on titled: TITLE OF INVENTION
-		
		NON-CONTACT POWER SUPPLY SYSTEM
		SPECIFICATION IDENTIFICATION
The s	pecification	on of which: (complete (a), (b), or (c))
(a)	[]	is attached hereto.
(b)	[] or []_	was filed on, as [] Application No/ (if applicable)
(c)	[x] filed on (if any)	was described and claimed in PCT International Application No. PCT/JP2005/006139 March 30, 2005 and as amended under PCT Article 19 on

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

(also check the following items, if desired)

[] in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [] no such applications have been filed.

(e) [x] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Japan	2004-097303	30, 3, 2004	[*]YES []NO
			[]YES []NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

(35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE		
/			
POWER OF	ATTORNEY		
I hereby appoint the following practitioner(s) in the Patent and Trademark Office connected therewit	to prosecute this application and transact all business h.		
APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)		
Mark Kusner	Registration No. 31,115		
Michael A. Jaffe	Registration No. 36,326		
Thomas D. McClure, Jr.	Registration No. 54,302		
I hereby appoint the practitioner(s) associate prosecute this application and to transact all busines therewith.	ed with the Customer Number provided below to ess in the Patent and Trademark Office connected		
SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:		
Mark Kusner, Esq.	Mark Kusner, Esq.		
Kusner & Jaffe	(440) 684-1090		
Highland Place - Suite 310			
6151 Wilson Mills Road			
Highland Heights, OH 44143			

DECLARATION

Customer Number: 22203

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Makoto		Nunoya
(Given Name)	(Middle Initial or Name)	Family (Or Last Name)
Inventor's signatureM	akoto Nunoya	
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(Given Name)	(Middle Initial or Name)	Family (Or Last Name)
Inventor's signature		
Date	Country of Citizenship	
Post Office Address:		
·	***********	
Full name of fourth joint inve		
1 all liams of four the joint in t		•
(Given Name)	(Middle Initial or Name)	Family (Or Last Name)
Inventor's signature		· ·
	Country of Citizenship	
Post Office Address:		